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ABSTRACT

Several sources have suggested that the efficacy of existing mental health care delivery systems might be extended through appropriate collaboration between self-help groups and mental health professionals. There are, however, few published reports of successful collaboration between professionals and self-help groups. This paper presents a narrative report of a field study in which members of a self-help research team provided services of significant positive impact to one self-help group. A collaborative model is formulated. Important elements of this model include adequate knowledge of self-help processes, enhancement of rapport through acceptance of the group, and adoption of a consultive approach. (Author)

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A Model for the Establishment of Productive Relationships Between Mental Health Professionals and Mental Health Oriented Self-Help Groups

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Abstract

Several sources have suggested that the efficacy of existing mental health care delivery systems might be extended through appropriate collaboration between self-help groups and mental health professionals. There are, however, few published reports of successful collaboration between professionals and self-help groups. This paper presents a narrative report of a field study in which members of a self-help research team provided services of significant positive impact to one self-help group. A collaborative model is formulated. Important elements of this model include adequate knowledge of self-help processes, enhancement of rapport through acceptance of the group, and adoption of a consultive approach.

Within the last 35 years the number of self-help groups in the United States has steadily increased (Tracy & Gussow, 1976). The range of problems addressed by these groups has also expanded, so that many groups now deal with problems having a significant psychological component. Although their effectiveness has not been empirically determined, several writers believe that mental health oriented self-help groups have been successful in helping their members deal with these problems (Antze, 1976; Bumbalo & Young, 1973; Hurvitz, 1970). The proliferation and increased scope of self-help groups, coupled with their belief that they are effective sources of help, has led to the suggestion that appropriate collaboration between mental health professionals and self-help groups could lead to a more comprehensive and powerful approach to mental health care (Levy, 1976).

A survey of the literature suggests that there are many obstacles to such collaboration. For example, it has often been observed that self-help groups have a strong bias against professional help (Barish, 1971). This antipathy, together with the emphasis which many self-help groups place on anonymity, would seem to make it difficult for professionals to gain entry to the groups. Even if professionals were admitted, fears of cooptation on the part of group members (cf., Kleiman, Martell & Alexander, 1976) could militate against acceptance of the services professionals have to offer.

Although the potential for conflict is undeniable, there are still reasons to believe that beneficial collaboration between professionals and self-help groups is possible. Contrary to previous generalizations about the attitudes of self-help group members towards professionals, our interviews with members indicated that many believe professionals could be involved with their group. Furthermore, the readiness with which our own research team was received by self-help groups suggests that entry difficulties can be reduced. Finally, several reports point to the conclusion that professionals have increasingly become involved with self-help groups, and on a variety of levels (Dumont, 1974; Levy, 1976).

In order to realize substantial benefits from their involvements, it is important that professionals and self-help groups develop positive working relationships. We believe that many of the difficulties mentioned previously have remained obstacles because no model exists to guide the establishment of such relationships. This, in turn, may be related to the lack of a literature reporting successful collaboration between mental health professionals and self-help groups.

The remainder of this paper presents a case history of a two-year collaborative effort between our self-help research team and one chapter of Make Today Count (MTC), a self-help group composed of cancer patients, their spouses, and health-care professionals. On the basis of data obtained from several sources, we see this involvement as having been highly successful.

Case History

Contact and Entry

We established contact with the MTC chapter in early 1975. We explained that we were involved in a federally-funded research project studying self-help groups, and expressed a desire to learn more about MTC through nonparticipant observation of the group. No objections were raised to our attending meetings on this basis.

Two members of our research team attended meetings held in August and November. Before the first meeting we introduced ourselves, and mentioned our research involvement and interest in observing MTC. We also expressed our conviction that self-help groups had a great deal to offer individuals who shared a common problem and that there was much professionals could learn from observing self-help groups. During these first meetings we sat quietly, and did not take notes. In the informal social gatherings after meetings, we obtained additional information about the group from individual members, and talked briefly about our careers and our involvement with other self-help groups. Several times we explicitly stated that out primary interest was to learn more about the processes involved in self-help groups, and not to formally evaluate the effectiveness of any group.

Assessment of Group Functioning

Although evaluation was not the prime purpose of our observations, some assessment of the group's functioning was unavoidable.

In spite of many assets, our research team observers agreed that there were numerous signs of weakness within the group. For one thing, a low percentage (between 15 and 20%) of attending members were cancer patients. From the comments of members, we gained the impression that the group had little success in recruiting new members. Meetings lacked a cohesive format. Organizational questions were frequently discussed, but not pursued to any resolution. Group interactions focused mainly on the communication of information, and there was little self-disclosure, sharing, or discussion of adjustment difficulties. The frequency of meetings had recently been reduced from twice per month to once per month.

These observations led us to believe that the group was not meeting the needs of the members as fully as possible. In August, one of our observers attended the national convention of MTC. During an informal session, an hour or more was given over to a discussion of the difficulties faced by the chapter we were observing. Specific questions raised by chapter members included how new members might be recruited, and how meetings should be conducted. Members therefore shared at least some of our concerns for the group's functioning.

Consultation Procedures

After the second meeting, we made interview appointments with a few members so that we could obtain information about MTC from each of their perspectives. Our first interview was with one of the founders. She expressed much concern over the group's

operation. She was particularly disappointed with the disorganization of meetings, and expressed the opinion that the real goals of the group were not being met. At the end of the interview, we briefly discussed meeting formats and styles of interaction we had observed in other groups. We offered to share this information in more detail with MTC.

At the February meeting, at the group's request, we presented an overview of the purposes, techniques and strengths of self-help groups. This presentation was made relevant to the group through a discussion of how various self-help groups dealt with problems similar to those facing the chapter. We then facilitated a discussion of these problems, intervening mainly to keep the discussion focused on a specific topic and to present examples from other groups when pertinent.

After this meeting, we drafted a letter to the group which summarized our understanding of the discussion. We also offered to formulate, at the request of group members, a set of structural and procedural guidelines designed to enhance group organization and facilitate discussion on a personal level. We were later informed that the members were very interested in considering any suggestions we might offer.

We presented our guidelines to the group in written form at the April meeting. These suggestions were based heavily on our observations of other self-help groups. In an opening section,

we stressed that it was necessary for a self-help group to have a clear purpose, and be open to new members. The importance of being able to maintain group unity while providing opportunities for self-expression was also emphasized. Towards this end, it was recommended that intellectual debates be avoided.

In another section, organizational topics were discussed. A format for meetings was presented, consisting of (1) an opening statement of purpose; (2) consideration of business matters; (3) a session for personal sharing; (4) formal presentations; and (5) closing.

In the final section we briefly presented four techniques which self-help group members could use to help others in group discussions. The stated goals of these techniques were to: (a) reduce feelings of isolation; (b) reduce feelings of being different or abnormal; (c) avoid getting into arguments; and (d) increase tolerance of different points of view.

The way in which the guidelines were presented should be mentioned. We made it very clear that our suggestions were not the only lines along which reorganization could take place. They might, however, be considered useful alternatives. We also recognized that the group had final responsibility for implementing any of the guidelines. Within this context, our presentation was enthusiastically received by the group.

Results

Preferring not to assume too great a part in the implementation of our suggestions, we did not attend the next meeting. We did, however, contact group members by telephone to ascertain what steps towards reorganization had been taken. They indicated that a planning committee to determine the content of meetings had been formed, and that a meeting format similar to that which had been outlined was also adopted.

We attended the June and July meetings, and our observations were consistent with these reports. We also noticed that more members attended these meetings than earlier meetings, and that the percentage of patients had increased to between 40 and 50 percent.

Follow-up

Two team members continued to visit the group for nine months following the reorganization. Throughout these contacts we emphasized that our role was consultative, and we resisted requests to assume active roles as discussion leaders.

In the follow-up period the group absorbed and consolidated the changes which had taken place, attributing improvement to a combination of their own efforts and our support and helpful suggestions. The group increased the frequency of meetings (to twice per month), continued to recruit new members, became active in presenting seminars on death and dying to professional groups, and moved from a "problem child" status with the national organiza-

tion to being a model for other groups. In fact, the group received requests for organizational assistance from other chapters who were referred by the national organization. Members of the chapter requested that we prepare a more general version of our guidelines for them to distribute to other chapters. This request reflected the cooperative nature of the relationship which we had established with this self-help group.

Discussion

The potential for cooperation between professionals and self-help groups in meeting the mental health needs of our society has been the topic of considerable discussion. This discussion has ranged from optimism about the potential for collaboration (Levy, 1976) to the conclusion that some alliances are not workable (Kleiman et al., 1976).

This case history suggests several conditions which increase the likelihood that profitable collaboration may occur between professionals and self-help groups. The first is adequate knowledge on the part of professionals of the workings of self-help groups. Through our observations, interviews, and readings, we developed a framework for understanding different types of self-help groups (Levy, 1976) and help-giving patterns which occurred within self-help groups. This framework was important in that it gave us a perspective from which to generate alternatives not readily apparent to the group members.

It may be obvious, but it is still worth noting that self-help groups do not embrace the same model of treatment which characterizes most therapy groups. As a consequence, there is little generalizability of clinical experience to self-help groups. A professional who enters a self-help group with expectations based solely on clinical experiences is likely to be disappointed. This may lead to attempts to change the group so that it conforms more closely to a professional model, with the probable outcome being the group's rejection of the professional. With an adequate knowledge of self-help groups, the chances are reduced that such failure-producing expectations will be adopted. On a number of bases, then, these is no substitute for a thorough-going familiarity with self-help phenomena as a condition for collaboration.

An approach to the group which is designed to establish and maintain rapport is a second condition which facilitates collaboration. In our approach to MTC, we conveyed respect for the integrity of the group and group processes by not taking notes or offering gratuitous opinions. We conveyed acceptance of the group through our repeated assertions that we could learn a great deal about helping others from our observations of self-help groups. The professional-member status differential was deemphasized by maintaining informal contacts with members, being open about our research project, and by recognizing that self-

help groups had a domain of expertise outside that of professionals. The fact that we expressed no interest in evaluation also served to underscore our respect for, and acceptance of, the group.

A final condition which enhances collaboration is application of an appropriate consultation model. Much of our consultation was based on an extension of our approach to the group. For example, we offered assistance only when it was obvious that this was desired by the membership. Additionally, we expressed a willingness to work with the group in a truly colloborative spirit. In structuring this relationship, we explicitly stated that we saw our role as facilitating discussion of organizational difficulties and presenting alternative solutions. We saw the group's role as implementing our suggestions as the members saw fit. While we considered ourselves friends of the group, we made it clear that we would not become members. The possibility that destructive role conflicts would arise during the consultation period was thus reduced.

In summary, our experience with MTC suggests a possible model for collaboration among professionals and self-help groups which avoids some of the pitfalls pointed out by other observers (cf., Kleiman et al., 1976). Our proposed model is consistent with the suggestion that professionals should encourage but not regulate such groups (Tyler, 1976), and is entirely harmonious with Lieberman & Borman's (1976) suggestion that the way to find out what assistance a group desires is to ask the members.

Hopefully, our experience will serve to suggest to other professionals that such collaboration is possible, and will represent a step towards explicating some ways in which self-help groups can assist one another in meeting mental health needs.

References

Antze, P. The role of ideologies in peer psychotherapy organizations: Some theoretical considerations and three case studies. Journal of Applied Behavioral Science, 1976, 12, 323-346.

Barish, H. Self-help groups. In The Encyclopedia of Social Work (Vol. 2, 16th ed.). New York: National Association of Social Workers, Inc., 1971, 1163-1169.

Bumbalo, J. A., & Young, D. E. The self-help phenomenon. American Journal of Nursing, 1973, 73, 1588-1591.

Dumont, M. Self-help treatment programs: An overview. American Journal of Psychiatry, 1974, 131, 631-635.

Hurvitz, N. Peer self-help psychotherapy groups and their implications for psychotherapy. Psychotherapy: Theory, Research, and Practice, 1970, 7, 41-49.

Kleiman, M. A., Mantell, J. E., & Alexander, E. S. Collaboration and its discontents: The perils of partnership. Journal of Applied Behavioral Science, 1976, 12, 403-410.

Levy, L. H. Self-help groups: Types and psychological processes. Journal of Applied Behavioral Science, 1976, 12, 310-322.

Lieberman, M. A., & Borman, L. D. Self-help and social research. Journal of Applied Behavioral Science, 1976, 12, 455-463.

Tracy, G. S., & Gussow, Z. Self-help health groups: A grass roots response to a need for services. Journal of Applied Behavioral Science, 1976, 12, 381-396.

Tyler, R. Social policy and self-help groups. Journal of Applied Behavioral Science, 1976, 12, 444-448.